## UNITED STATES DISTRICT COURT

for the

Western District of Virginia

| Joshua Lee Smith   |                                    |  |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|
| Plaintiff  | )                                  |  |  |  |  |  |  |
| v.   | ) Civil Action No. 7:22-cv-00238   |  |  |  |  |  |  |
| Twin County Regional Healthcare, et al   | )                                  |  |  |  |  |  |  |
| Defendant  | ,                                  |  |  |  |  |  |  |
| SUMMONS IN A CIVIL ACTION  |                                    |  |  |  |  |  |  |
| To: (Defendant's name and address) Maribel Rodriguez-Maribel Rodri |                                    |  |  |  |  |  |  |
| A lawsuit has been filed against you.  |                                    |  |  |  |  |  |  |
| Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — or 120 days for Social Security Cases filed pursuant to 42 USC 405(g) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Aderson Francois  Civil Rights Clinic, Georgetown Law Center  |                                    |  |  |  |  |  |  |
| 600 New Jersey Ave. NW Ste. 352  |                                    |  |  |  |  |  |  |
| Washington, DC 20009   |                                    |  |  |  |  |  |  |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.   |                                    |  |  |  |  |  |  |
|  | CLERK OF COURT                     |  |  |  |  |  |  |
| Data   |                                    |  |  |  |  |  |  |
| Date:  | Signature of Clerk or Deputy Clerk |  |  |  |  |  |  |

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Civil Action No. 7:22-cv-00238

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

|          | This summons for (nar  | ne of individual and title, if any)         |                   |                  |          |  |  |
|----------|--|---|-------------------|------------------|----------|--|--|
| was re   | eceived by me on (date)  |   |                   |                  |          |  |  |
|          | ☐ I personally served the summons on the individual at (place)                     |   | 7:22-cv-00238     |                  |          |  |  |
|          |  |   | on (date)         | ; or             |          |  |  |
|          | ☐ I left the summons   | at the individual's residence or usual pla  | ace of abode with | 1 (name)         |          |  |  |
|          | , a person of suitable age and discretion who resides there,                       |   |                   |                  |          |  |  |
|          | on (date), and mailed a copy to the individual's last known address; or            |   |                   |                  |          |  |  |
|          | ☐ I served the summo   | ons on (name of individual)                 |                   |                  | , who is |  |  |
|          | designated by law to accept service of process on behalf of (name of organization) |   |                   |                  |          |  |  |
|          |  |   | on (date)         | ; or             |          |  |  |
|          | ☐ I returned the sumr  | mons unexecuted because                     |                   |                  | ; or     |  |  |
|          | Other (specify):   |   |                   |                  |          |  |  |
|          | other (speegy).  |   |                   |                  |          |  |  |
|          |  |   |                   |                  |          |  |  |
|          | My fees are \$   | for travel and \$                           | for services, fo  | or a total of \$ |          |  |  |
|          | I declare under penalty  | y of perjury that this information is true. |                   |                  |          |  |  |
| Date:    |  |   |                   |                  |          |  |  |
| Dute.    |  |   | Server's sig      | nature           |          |  |  |
|          |  |   |                   |                  |          |  |  |
|          |  |   | Printed name      | and title        |          |  |  |
|          |  |   |                   |                  |          |  |  |
|          |  |   |                   |                  |          |  |  |
| A 1 1*** | . 1. 6   |   | Server's ac       | ldress           |          |  |  |
| Addıt    | ional intormation regard   | ing attempted service, etc:                 |                   |                  |          |  |  |